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CONFIRMATION NO. 5264

<b>SERIAL NUMBER</b> 10/652,928	<b>FILING DATE</b> 08/28/2003  <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1656	<b>ATTORNEY DOCKET NO.</b> 5914-099-999
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**APPLICANTS**

✓ Dah Shiam Chiaur, New York, NY;  
 ✓ Michele Pagano, New York, NY;  
 ✓ Esther Latres, New York, NY;

*DIS*

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/385,219 08/27/1999 PAT 6,720,181  
 which claims benefit of 60/098,355 08/28/1998  
 and claims benefit of 60/118,568 02/03/1999  
 and claims benefit of 60/124,449 03/15/1999

*DIS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*NONE - DIS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 11/24/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>DIS</i> Initials <i>DIS</i>	<b>STATE OR COUNTRY</b> NY	<b>SHEETS</b> DRAWING 117	<b>TOTAL</b> CLAIMS 28	<b>INDEPENDENT</b> CLAIMS 8
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**ADDRESS**  
 20583  
 JONES DAY  
 222 EAST 41ST ST  
 NEW YORK, NY  
 10017

**TITLE**  
 Methods to identify compounds useful for the treatment of proliferative and differentiative disorders

<b>FILING FEE RECEIVED</b> 1314	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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